

American Indian and Alaska Native Service Members, Veterans, their Families and Communities: A Multi-Agency Suicide Prevention Collaboration

Greg Leskin, Ph.D.
Director, Military Families
Initiatives
UCLA/Duke University
National Center for Child
Traumatic Stress
Los Angeles, CA

CDR Cheryl Peterson RN, MSN (Turtle Mountain Chippewa) Public Health Advisor Division of Behavioral Health Indian Health Service Rockville, MD Krista Stephenson RN, MSN VA Deputy National Suicide Prevention Coordinator Office of Mental Health, Patient Care Services Washington, DC







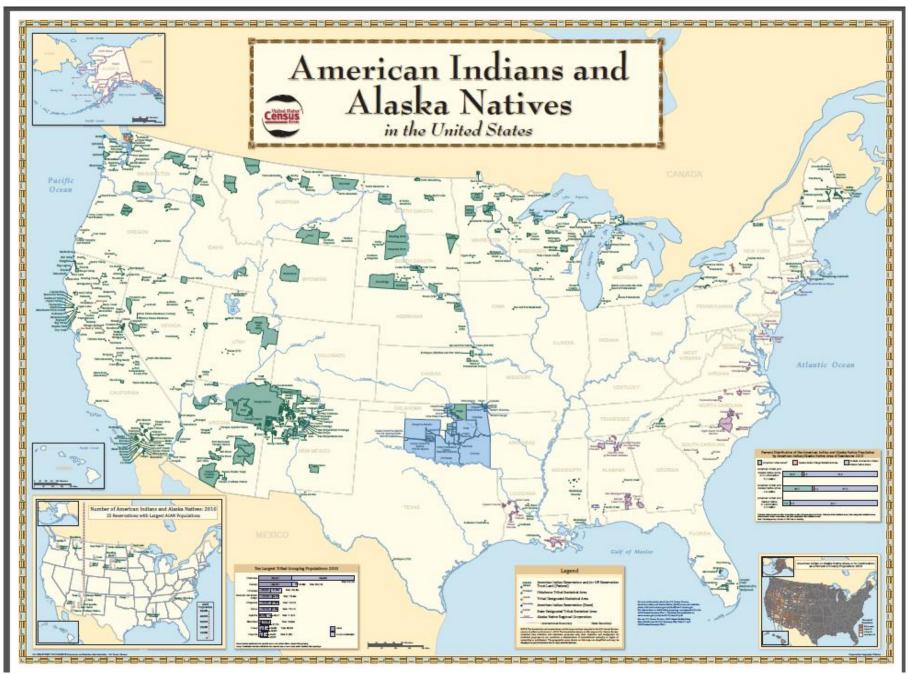


Objectives

- At the conclusion of this workshop, the participant should be able to:
 - Discuss the prevalence and scope of suicide and suicidal behavior among the American Indian and Alaskan Native (AI/AN) Population
 - Discuss ways the VA and IHS are collaborating to improve the delivery of care as it relates to suicide prevention

American Indian/Alaska Native Demographics

- According to the 2010 Census, 5.2 million people in the United States identified as American Indian and Alaska Native, either alone or in combination with one or more other races
 - 1.7 % of all people in the U.S. identified as AI/AN, either alone or in combination with one or more other races
- The total U.S. population grew by 9.7 percent, from 281.4 million in 2000 to 308.7 million in 2010
- In comparison, the American Indian and Alaska Native alone population increased almost twice as fast as the total U.S.
- (U.S. Census Bureau, 2010)



Indian Health Service

Quick look

- Serves members of 566 federally recognized Tribes
- FY 2011 appropriation was approximately \$4.07 billion
- Indian Health Service total staff consists of about 15,920 employees, which includes approximately 2,590 nurses, 860 physicians, 660 pharmacists, 640 engineers/sanitarians, 340 physician assistants/nurse practitioners, and 310 dentists
- Approximately 70% of IHS staff are American Indians and Alaska Natives

Indian Health Service

157 Service Units in 12 Areas Located in 35 States

I Hea Offices

Aberdeen Area

Nashville Area

Alaska Area

Navajo Area

Albuquerque Area

Oklahoma Area

Bemidji Area

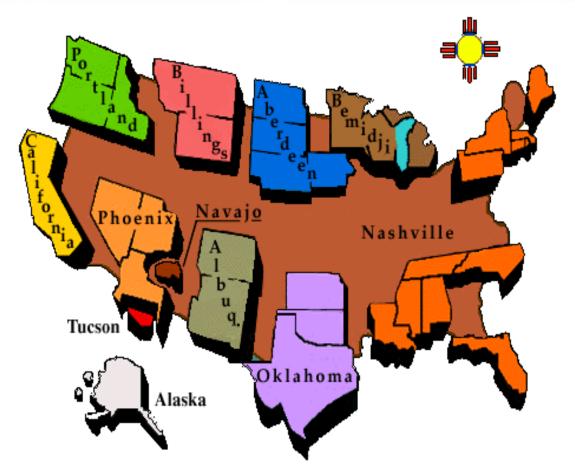
Phoenix Area

Billings Area

Portland Area

California Area

Tucson Area



Indian Health Care Systems





	Hospitals	Health Centers	Alaska Village Clinics	Health Stations
IHS	29	68	N/A	41
Tribal	16	258	166	74

The IHS also supports 33 Urban Clinics across the nation.

Current AI/AN Military Population

- Military Service Member population:
 - According to Department of Defense 2010 Demographics Report, the AI/AN population of active duty military members equaled 23,866
 - 1.7% of the active duty military
 - AI/AN service members

• Navy 14,802

• Army 4,683

Marine Corps 2,216

• Air Force 2,165

- In 2010, the AI/AN population in the select reserve component (Guard and Reserve) was 7,380
 - 0.9% of the select reserve population

AI/AN Military Deaths and Injuries

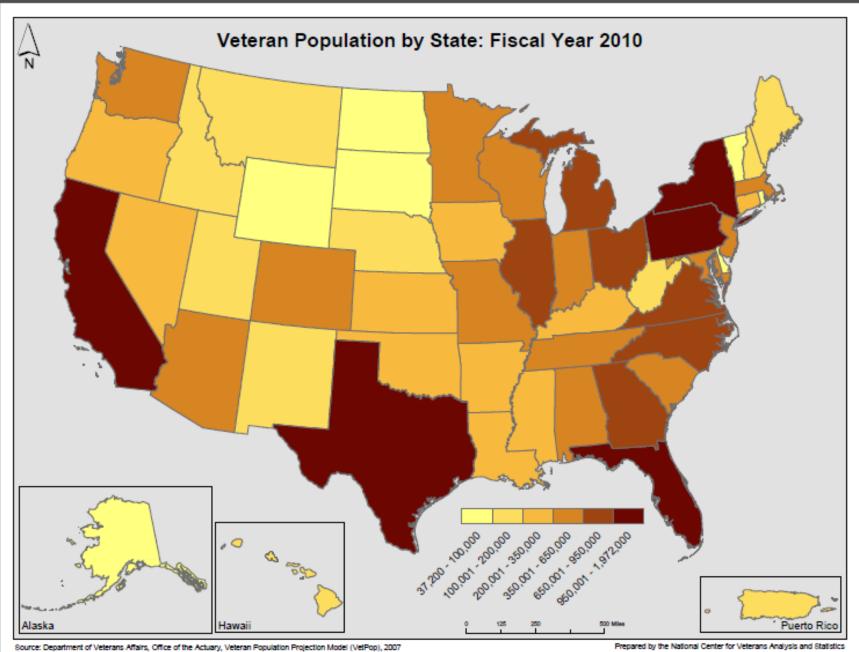
The following data was released and updated by the Pentagon in May 2011:

- American Indian/Alaska Native military deaths in Iraq (Operation Iraqi Freedom, or OIF) from March 2003 through May 2, 2011: 42
- American Indian/Alaska Native military wounded in action in Iraq (OIF) from March 2003 through May 2, 2011: 336
- American Indian/Alaska Native military deaths in Afghanistan (Operation Enduring Freedom, or OEF) from October 2001 through May 2, 2011: 19
- American Indian/Alaska Native military wounded in action in Afghanistan (OEF) from October 2001 through May 2, 2011: 109

Source: National Congress of American Indians (NCAI) website

AI/AN Historical Trauma

- "Indigenous People have experienced pervasive and cataclysmic collective, intergenerational massive group trauma and compounding discrimination, racism, and oppression." (Brave Heart, Chase, Elkins, & Altchul, 2011)
- Expansion/definition of western culture at the expense of indigenous peoples
- Long-standing wide-spread institutional violence
- Specific examples
 - Children removed to Boarding Schools
 - Unethical medical treatments
 - Removal from homes to reservation system to urban environments
 - Media campaigns against AI/AN including cinema



Number of Veterans within Tribal Areas (estimate)

Census Area	Total Estimate	Veteran Estimate	%
Octious Area	Latimate		/0
Navajo Nation Reservation and Off-Reservation Trust Land, AZNMUT	120,075	5,601	5%
Charakas OTSA OK	375,828	45,258	12%
Cherokee OTSA, OK	129,771	14,114	1270
Cheyenne-Arapaho OTSA, OK			11%
Chickasaw OTSA, OK	226,978	27,662	12%
	178,876	21,433	
Choctaw OTSA, OK			12%
Citizen Potawatomi Nation-Absentee Shawnee OTSA, OK	86,721	13,521	16%
Creek OTSA, OK	571,339	58,370	10%
	139,795	23,145	
Kiowa-Comanche-Apache-Fort Sill Apache OTSA, OK			17%
Knik ANVSA, AK	45,496	6,895	15%
Cher-O-Creek (state) SDTSA, AL	63,334	7,964	13%
Cher-O-Creek (state) 3DT3A, AL	340,281	52,024	13/0
Lumbee (state) SDTSA, NC			15%
United Houma Nation (state) SDTSA, LA	146,627	9,754	7%

Source: ACS, 2010

Review of Clinical Research on Psychological Health Status for Returning AI/AN Veterans

- Previous congressionally mandated studies, such as the American Indian Vietnam Veteran Project, found that Native American Veterans demonstrate extraordinarily high lifetime prevalence rates for PTSD (AIVVP; Beals et al., 2002)
- For Northern Plains AI Veterans, the lifetime PTSD rate was
 57% and past month PTSD rate was 25%
- For Southwest AI Veterans, the lifetime PTSD rate was 45% and past month PTSD was 22%

Review of Clinical Research on Psychological Health Status for Returning AI/AN Veterans

- Significant gaps exist in the clinical research concerning AI/AN Veterans including:
 - behavioral health difficulties experienced as a result of military service in Iraq and Afghanistan
 - difficulties readjusting to civilian life as a Veteran
 - access of care for VA or IHS behavioral health services
 - suicide rates

Facts about American Indian/Alaska Native Suicide

- Suicide ranked as the 8th cause of death for AI/AN of all ages
 - much higher than the overall U.S. rate
- Males aged 20–24 had the highest rate of suicide in the AI/AN population
 - 47.47 per 100,000
 - This is the highest rate of all racial/ethnic/age groups in the U.S.
- Suicide was the second leading cause of death for both males and females between the ages of 10 and 34 with rates of 33.50 and 9.70 per 100,000 respectively
- Suicide rates vary among tribes
 - For example, the rate found when one tribe mandated comprehensive data collection was much higher (45.4 per 100,000) than among all AI/AN in the same time period (14.09)

(CDC, 2011)

Facts about Veteran Suicide

- 20 percent of U.S. deaths from suicide are Veterans (National Violent Death Reporting System)
- Veterans are more likely than the general population to use firearms as a means for suicide (National Violent Death Reporting System)
- 950 suicide attempts per month among Veterans receiving VA health care services (VA National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010)
- Decreased suicide rates in Veterans aged 18-29 who use VA health care services (National Violent Death Reporting System and VA Serious Mental Illness Treatment Resource and Evaluation Center)
- 33 percent of recent Veteran suicides have a history of previous attempts (VA) National Suicide Prevention Coordinator reports, October 1, 2008 – December 31, 2010) PERANS HEALTH ADMINISTRATION

VA Specific Initiatives Established for Suicide Prevention

- Hubs of expertise
 - Center of Excellence (CoE)
 - Mental Illness Research, Education, and Clinical Center (MIRECC)
- National programs for education and awareness
 - Operation S.A.V.E (Know the <u>Signs</u>, <u>Ask</u> the question, <u>Validate the feelings</u>, <u>Expedite help</u>)
 - Suicide Risk Management Training for Clinicians
 - Traumatic Brian Injury (TBI) and Suicide
 - Women Veterans and Suicide
 - Older Veterans and Suicide
 - Primary Care Provider
- Veterans Crisis Line 1-800-273-TALK (8255) Press "1" for Veterans
 - Veterans Chat <u>www.veteranscrisisline.net</u>
 - Veterans Text 838255
- Suicide Prevention Coordinators (SPC)
- Enhanced care package
- Federal partnerships

IHS Suicide Prevention Initiative

IHS has five targeted approaches:

- Assist IHS, Tribal, and urban Indian programs and communities in addressing suicide utilizing community level cultural approaches.
- Identify and share information on best and promising practices.
- Improve access to behavioral health services.
- Strengthen and enhance IHS' epidemiological capabilities.
- Promote collaboration between Tribal and urban Indian communities with Federal, State, national, and local community agencies.

IHS Suicide Prevention Initiative

- Addresses the tragedy of suicide in American Indian and Alaska Native communities
- Builds on the foundation of the HHS "National Strategy for Suicide Prevention" and the 11 goals and objectives for the Nation to reduce suicidal behavior and its consequences, while ensuring we honor and respect tribal traditions and practices

Department of Veterans Affairs – Indian Health Service Collaboration

- Prior to the formal MOU between the VA and IHS, the VA Office of Suicide Prevention and IHS Division of Behavioral Health joined forces in an effort to reduce suicide among the AI/AN Veteran population
- A work group was formed consisting of members from the VA and IHS
- The group has worked, and continues to work collaboratively on developing shared goals and outcome measures

Department of Veterans Affairs – Indian Health Service Memorandum of Understanding

Purpose:

 To establish coordination, collaboration, and resourcesharing between the Department of Veterans Affairs (VA) and Indian Health Service (IHS) to improve the health status of American Indian and Alaska Native Veterans

Veterans Affairs – Indian Health Service Memorandum of Understanding

Goals:

- Increase access to services and benefits
- Improve coordination of care
- Improve care
- Enhance access
- Improve efficiency and effectiveness
- Increase availability of services, in accordance with law
- Improve delivery of care
- Increase cultural awareness and culturally competent care
- Increase capability and improve quality
- Increase access to care
- Address emergency, disaster, and pandemic preparedness and response

Veterans Affairs – Indian Health Service Workgroups

- Services and benefits
- Coordinator of care
- Health information technology
- Implementation of new technologies
- System level agreements
- Payment and reimbursement
- Sharing of process, programs, and services
 - PTSD, pharmacy, long term services and supports, suicide prevention,
- Cultural competency and awareness
- Training and workforce development
- Recruitment and retention
- Emergency and disaster preparedness

WG: Sharing of process, programs, and services

- Suicide Prevention
 - VA Suicide Prevention Office and IHS will:
 - Maintain liaison with other Federal agencies to coordinate suicide prevention activities
 - Have quarterly meetings/conference calls to develop and implement plans to address AI/AN Veterans and their families
 - Promote regional and local collaboration. VA suicide prevention coordinators will increase outreach activities to tribal areas
 - Have a presence at regional and local suicide prevention related conferences

WG: Sharing of process, programs, and services (cont)

- Develop a series of webinar trainings for VA suicide prevention coordinators and IHS behavioral health consultants
 - Provide information to VA suicide prevention coordinators
 - Provide information to IHS behavioral health consultants
- Develop and disseminate public health messages targeting
 AI/AN Veterans
- Develop an AI/AN version of Operation SAVE (gatekeeper training program developed VA)
 - Cultural adaptation model
 - Focus groups



Proud Tradition of Service

Corporal Ira Hamilton Hayes, USMCR



Ira Hayes was a Pima Indian who enlisted in the United States Marine Corps early in World War II. He gained fame in the Pacific campaign when he, along with four fellow Marines and one Sailor, raised the US flag over Iwo Jima while the battle still raged for that island fortress.

Joe Morris, Sr USMC



Born on the Navajo reservation in Indian Wells, Ariz., Joe Morris was one of about 400 Navajo code talkers who underwent extensive training at a communications school at Camp Pendleton to memorize the undecipherable code based on their complex, unwritten language.

SPC Lori Ann Piestewa, US Army



A U.S. Army soldier killed during the same Iraqi Army attack in which fellow soldiers Shoshana Johnson and Jessica Lynch sustained injuries. A member of the Hopi tribe, Piestewa was the first Native American woman in history to die in combat while serving with the U.S. military and the first woman in the U.S. armed forces killed in the 2003 invasion of Iraq.

Many, many others have served and lead our country

QUESTIONS?

Greg Leskin, Ph.D.
Director, Military Families
Initiatives
UCLA/Duke University
National Center for Child
Traumatic Stress
Los Angeles, CA
GLeskin@mednet.ucla.edu

CDR Cheryl Peterson RN, MSN (Turtle Mountain Chippewa) Public Health Advisor Division of Behavioral Health Indian Health Service Rockville, MD cheryl.peterson@ihs.gov Krista Stephenson RN, MSN VA Deputy National Suicide Prevention Coordinator Office of Mental Health, Patient Care Services Washington, DC Krista.stephenson@va.gov

Mental Health

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
- For more information on VA Mental Health Services visit <u>www.mentalhealth.va.gov</u>

Vet Centers

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
- For more information about Vet Centers and to find the Vet Center closest to you visit <u>www.vetcenter.va.gov</u>

Indian Health Service

- Information about Indian Health Service http://www.ihs.gov
- Location of an Indian Health Service facility in your area -http://www.ihs.gov/findhealthcare/

Make the Connection

 MakeTheConnection.net is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit www.MakeTheConnection.net to learn more.

- Veterans Crisis Line/Chat/Text
 - 1-800-273-8255, Press 1
 - http://www.veteranscrisisline.net/
 - Text to 838255
- VA Suicide Prevention Coordinators
 - Each VA Medical Center has a suicide prevention coordinator to make sure Veterans receive needed counseling and services
 - Resource locator http://www.veteranscrisisline.net/

Post-Traumatic Stress Disorder (PTSD)

- Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov
- PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp